POSITION STATEMENT

Role Delineation of the Advanced Practice Registered Nurse in Gastroenterology

Disclaimer
The Society of Gastroenterology Nurses and Associates, Inc. (SGNA) assumes no responsibility for the practices or recommendations of any member or other practitioner, or for the policies and procedures of any practice setting. Nurses and associates function within the limitations of licensure, state nurse practice act, and/or institutional policy.

Definitions
Role delineation is a description of the responsibilities and functions of a health care worker in a specific role, including the current activities common to this role.

Advanced Practice Registered Nurse refers to a Registered Nurse (RN) who has completed an accredited graduate program as a Clinical Nurse Specialist and/or Nurse Practitioner and practices in gastroenterology.

Background
Increasing complexity of patient care, rising healthcare costs, a shortage of physicians, and concerns about the quality of healthcare have directed national attention toward the Advanced Practice Registered Nurse (APRN). Advanced Practice Registered Nurse licensing and certification are regulated by individual states and differ nationwide (Institute of Medicine [IOM], 2010; Newhouse et al., 2011). Advanced Practice Registered Nurses are differentiated from basic nursing practice by expansion, specialization, and advancement (Hamric, Spross, & Hanson, 2009).

In order to attain national uniformity, the American Nurses Association (ANA) (2010a) proposed a consensus model with the following requirements for an APRN:

- obtained a license to practice in the APRN role,
- completed an accredited graduate education program,
- passed a national certification examination, and
- acquired the advanced knowledge, expertise and autonomy necessary for health promotion and for assessing, diagnosing, and managing patient care.

Although many nurses have advanced education (e.g., nurse educators and administrators), the ANA definition applies only to nurses who provide direct patient care (ANA, 2010b).

The APRN functions within the scope of practice defined by his or her graduate degree,
the state nurse practice act, job description of the employing facility, the Nursing: Scope and Standards of Practice (ANA, 2010a), the Guide to the Code of Ethics for Nurses: Interpretation and Application (Fowler, 2008), the Standards of Practice for Nurse Practitioners (American Academy of Nurse Practitioners [AANP], 2010), and the Statement on Clinical Nurse Specialist Practice and Education (National Association of Clinical Nurse Specialists [NACNS], 2004). The APRN’s education and certification are population focused (e.g., family, pediatric, adult-gerontology).

Specialization within the advance practice role is determined by the individual professional nursing specialties. The responsibilities and functions of APRNs specializing in gastroenterology are continually evolving. The gastroenterology APRNs practice in a variety of settings, including: hospitals, private offices, ambulatory care centers, and clinics. Their scope of practice is more advanced and complex than the gastroenterology RN’s and APRNs have greater responsibility and autonomy.

**Position**

The APRN provides service through core competencies of direct care, consultation, research, expert guidance, leadership, ethical decision making, and collaboration (Hamric et al., 2009). The care provided to gastroenterology patients may include, but is not limited to, advanced assessment, diagnosis, outcomes identification, treatment/care planning, implementation, evaluation, patient education, and endoscopy procedures.

Advanced Practice Registered Nurses build upon the roles of the Registered Nurse by acquiring advanced and specialized knowledge and skills through graduate-level education in a population-focused specialty (ANA, 2010a). The following are general statements describing the APRN role congruent with the ANA (2010a) criteria.

The role of the APRN in gastroenterology includes, but is not limited to:

1. Provides advanced assessment of the GI patient,
2. Initiates, performs, and interprets diagnostic tests and/or endoscopic procedures,
3. Systematically compares and contrasts clinical and diagnostic findings with normal and abnormal variations in making differential diagnoses,
4. Identifies expected outcomes that incorporate scientific evidence and are achievable through implementation of evidence-based practices,
5. Identifies expected outcomes that incorporate cost effectiveness, clinical benefits, and patient satisfaction,
6. Designs strategies to meet the multifaceted needs of complex patients,
7. Selects therapeutic interventions that reflect current best evidence (e.g., expert clinical judgment, advanced scientific knowledge),
8. Evaluates the accuracy of the diagnosis and the effectiveness of the interventions to achieve expected outcomes,
9. Incorporates new knowledge and evidence-based research to develop innovative strategies to improve GI nursing care practices,
10. Provides leadership in the coordination of interprofessional health care for integrated delivery of patient services in the GI patient care setting,
11. Provides expert consultation to influence the identified plan, enhance the
abilities of others, and effect change,
12. Prescribes evidenced-based treatments, therapies, and procedures, considering the patient’s comprehensive healthcare needs,
13. Prescribes pharmacological agents within his or her prescriptive authority and state law,
14. Evaluates and incorporates complementary and alternative therapy into education and practice,
15. Provides leadership in the design and implementation of quality improvements,
16. Mentors others in the acquisition of clinical knowledge, skills, and judgment,
17. Participates in lifelong learning (e.g., continuing education, certification), and
18. Models advanced practice by being a leader in professional and practice issues through active membership in professional and consumer organizations, publication of scholarly works, and presentations at professional meetings.

References


Recommended Reading

SGNA Practice Committee 2012 – 13
Michelle E. Day MSN BSN RN CGRN Chair
Michelle Juan MSN ACNS-BC RN CGRN Co Chair
Cynthia M. Friis MEd BSN RN-BC
Laura Hart RN BSN CGRN
Ann Herrin, BSN RN CGRN
Judy Lindsay MA BSN RN CGRN
Robin Novak ADN RN
Marilee Schmelzer PhD RN
Jo Sienknecht RN CGRN
Barbara Zuccala MSN RN CGRN